

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

01 - 11

2. STATE:

WV

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

April 1, 2001

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.100

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$ - .9 m

b. FFY 2002 \$ - 3.9 m

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.193
Page 5

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):

Attachment 4.193
Page 5

10. SUBJECT OF AMENDMENT:

Technical change to update reimbursement survey date

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ OTHER, AS SPECIFIED:

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

Phillip A. Lynch

13. TYPED NAME:

Phillip A. Lynch

14. TITLE:

Acting Commissioner

15. DATE SUBMITTED:

16. RETURN TO:

Phillip A. Lynch, Acting Commissioner
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, WV 25301-3706

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

5/7/01

18. DATE APPROVED:

Jun 13, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

4/1/01

20. SIGNATURE OF REGIONAL OFFICIAL:

James J. Smith for CVC

21. TYPED NAME:

CLAUDETTE V CAMPBELL

22. TITLE:

ASSOCIATE REGIONAL ADMINISTRATOR

23. REMARKS:

DIVISION OF MEDICAID &
STATE OPERATIONS

4.19 Payment for Medical and Remedial Care and Services

8. **Private Duty Nursing Services**

Payment is based on an hourly rate by skill level; i.e., R.N., LPN, Aide, considering customary charges and rates paid for these services by private insurance, or other state agencies.

9. **Clinic Services**

Payment for services provided by established clinics may be an encounter rate based on all inclusive costs, or on a fee for the services provided in the clinic. Payment not to exceed that allowed for the services when provided by other qualified providers. Payment for free standing ambulatory surgery center services shall be the lesser of 90% of the Medicare established fee or the provider billed charge.

School Health Services - Personal Care

Reimbursement for Personal care services shall be fee-for- service. Reimbursement interim rates are based on statewide historical costs for personal care services. Per diem reimbursement shall be available when services are appropriately documented, pursuant to Medicaid billing requirement, and personal care services furnished to the recipient in a given day equal or exceed 6 (six) hours. Costs not to exceed actual, reasonable costs and must be cost settled on an annual basis.

School Health Services - Health Needs Assessment and Treatment Planning

Reimbursement for health need assessment and treatment planning shall be fee-for-service. Reimbursement interim rates are based on statewide historical costs. Services must be appropriately documented pursuant to Medicaid agency billing requirements. Separate reimbursement rates are available for the comprehensive, triennial assessment and the annual assessment. Costs not to exceed actual, reasonable costs and must be cost settled on an annual basis.

School Health Services - Care Coordination

Reimbursement for care coordination shall be fee-for-service. Reimbursement interim rates are based on statewide historical costs for care coordination services. Monthly reimbursement shall be available when care coordination services are appropriately documented, pursuant to Medicaid billing requirements. Costs not to exceed actual, reasonable costs and must be cost settled on an annual basis.

For description of services see ATTACHMENT for A, D, and E of Supplement, 1 to Attachment 3.1-A

10. **Dental Services**

An upper limit is established by procedure using the 2000 survey of Mid Atlantic Regional Norms conducted by the American Dental Association (ADA). The 25 percentile of Mid Atlantic Regional Norms constitutes the Medicaid cap. Any differential allowed in the survey for speciality practice was eliminated.

Certain procedures included in the survey are not covered for payment as they are considered to be antiquated or subject to abuse or misuse. Payment for other covered procedures may be limited in frequency or number of occurrences.

Payment will not exceed the provider's customary charge to the general public.

Effective 11-1-94 the following methodology will apply for services provided by doctors of dental surgery and dental